OVERSEAS STATION ALLOWANCE										
1. NAME (L	AST, FIRST	, MID	DLE INITI	IAL)		2. SSN			3. PAY GRADE	
				·	•					
4. START	5. STOP	6. C	HANGE		8. TLA	9. RATE				
U			<u>U</u>		10 500	A DATE (VOLGONDA)	AD TO DATE OVE	DAAONDA)		
10. MBR O	HWBH & D	EP.	11. NO.C	DE DEP	12. FROM	M DATE (YRMONDA)	13. TO DATE (YR	(MONDA)		
BARTI	DEDENDE	NITO	FOD O	/FDCF/	L ALLON	NANCES				
	DEPENDE S AND RELA					WANCES				
14. IVAIVILL	ANDTILLA		01111 01	DEI EIVE	21110	c.			ali alia tana di sarana	
a	a d									
b.	b e									
-										
	INTERIM					rt Only)				
15. COMM <i>A</i>	ANDING OFF	ICEF	R'S CERT	IFICATIO	N					
The member has made application for transportation of his dependents to: (location of PERMDUSTA or HOMEPORT)										
in accordance with applicable regulation(s)										
The member was required to procure non-government family-type housing as a condition precedent to acceptance of his										
application. Evidence of rental payments for such housing has been sighted.										
16. SIGNAT	URE OF CC	MMA	NDING O	FFICER				17. DATE		
18. TYPE N	AME, RANK	(& TI	TLE							
PART III - TEMPORARY LODGING ALLOWANCE (Start or Stop)										
19. MEMBE	ER'S CERTII	FICA	TION							
a. I	certify tha	t on	(Date)			in connection	n with (a) 🚨 arri	ival at, (b) 🛭 depar	ture from overseas	
F	PERMDUS'	TA c	r home p	oort, or	(c) 🗆 des	ignated place (show	place, per JFTR	U9301)		
1	or (d) in connection with displacement from overseas PERMDUSTA or home port, I was required to obtain hotel or,									
l n	hotel-like accomodations at (name and address) : (e)									
n	notify the Commanding Officer of any change in occupancy of the above accommodations.									
	b. Date I arrived at / departed from PERMDUSTA or home port. Date									
	my dependents arrived at / departed from PERMDUSTA or home port. c. I further certify that these persons actually occupy / occupied the indicated hotel or hotel-like accommodations at the									
C. 1	above address at my personal expense (Dates) From To To									
	ontinuousl					·				
,	N						Erom	To		
(Name)						From	10		
(Name)						From	To		
:										
	Note: If attached to a vessel, any periods during which it operated away from area overnight must be listed as an absence of the member.									
	ause	J1108	01 1110 111	onibei.						
20. SIGNAT	TURE OF ME	MBE	R					21. DATE		

22. COMMANDING OFFICER'S CERTIFICATION	
 a. There are no government quarters (operated with appropriated funds) available or (b) member and dependents, and he is / they are required to secure tem of arrangements for permanent living accommodations, or (d) after vacations. A government mess (a) is, (b) is not, available to (c) member, or (d) c. Member Attached to Ship or Fleet Unit: Member is attached to (a) homeported at (b) (name & location of port) of his dependents to the named port has been authorized and accomplished. d. Temporary lodgings are not available at duty station. The temporary accommodations utilized were furnished by a government contract for the properary accommodations occupied in facilities under jurisdiction of the governments) were (a) Guest house, (b) Exchange Hotel, or (c) Similar transport of the dates in Blocks 12 and 13, are the proper dates for start and / and are the applicable dates in accordance with JFTR U9100K and JFTR U29 	nporary lodging (c) pending completion ng permanent living accommodations. member and dependents. member and dependents. member and dependents. memodations utilized were the nearest tor. ment (operated with non-appropriated assign facility. above have been verified with available or stop of temporary lodging allowance,
23. SIGNATURE OF COMMANDING OFFICER	24. DATE
25. TYPE NAME, RANK & TITLE	L
26. REMARKS	